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PTO/SB/29 (1/98)

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12/18/01

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td>M-12305-1D US</td></tr><tr><td>First Named Inventor or Application Identifier</td><td>Alexander Tzalenchuk et al.</td></tr><tr><td>Title</td><td>Finger SQUID Qubit Device</td></tr><tr><td>Express Mail Label No.</td><td>EL 884 815 888 US</td></tr></table>	Attorney Docket No.	M-12305-1D US	First Named Inventor or Application Identifier	Alexander Tzalenchuk et al.	Title	Finger SQUID Qubit Device	Express Mail Label No.	EL 884 815 888 US																				
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APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231																												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - see page 2 of this form. <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. Application:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 38 pages) Appendix(ces) _____, & _____ (_____ pages)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Claim(s) 6 pages</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Abstract of the Disclosure <u>1</u> page <small>[Total Sheets 16]</small></p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>[Total Pages 3]</small></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration <input checked="" type="checkbox"/> unsigned a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> c. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope.</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(combined when there is an _____ with Patent Declaration Assignee) _____ above.)</small></p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS) & <input type="checkbox"/> PTO-1449 <input type="checkbox"/> _____ Copies of IDS Citations/References</p> <p>12. <input type="checkbox"/> Preliminary Amendment _____ pages</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small></p> <p>14. Small Entity Status</p> <p style="margin-left: 20px;"><input type="checkbox"/> Small Entity Statement Enclosed _____ pages</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement filed in prior application; and status still proper and desired</p> <p style="margin-left: 20px;"><input type="checkbox"/> Is no longer claimed.</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Other:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Petition for Extension of Time filed in parent appln.;</p> <p style="margin-left: 20px;"><input type="checkbox"/></p>																												
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional of prior application, Attorney Docket No. <u>M-12305 US</u></p> <p style="margin-left: 20px;">Filed on December 17, 2001, entitled: FINGER SQUID QUBIT DEVICE.</p> <p>PRIOR APPLICATION INFORMATION: <u>Examiner</u> <u>Group Art Unit</u></p>																														
<p>18. CORRESPONDENCE ADDRESS</p> <table style="width: 100%;"><tr><td colspan="2"><input type="checkbox"/> Customer Number or Bar Code Label</td><td colspan="2" style="text-align: right;">or <input checked="" type="checkbox"/> Correspondence address below</td></tr><tr><td style="width: 20%;">Name</td><td style="width: 40%;">Gary J. Edwards</td><td style="width: 20%;">Reg. No.</td><td style="width: 20%;">41,008</td></tr><tr><td>Attorneys for Applicant</td><td colspan="3">Skjerven Morrill MacPherson LLP</td></tr><tr><td>Address</td><td colspan="3">25 Metro Drive, Suite 700</td></tr><tr><td>City</td><td>San Jose</td><td>State</td><td>CA</td></tr><tr><td>Country:</td><td>United States</td><td>Zip Code</td><td>95110</td></tr><tr><td>Telephone</td><td>(408) 453-9200</td><td>Fax</td><td>(408) 453-7979</td></tr></table>			<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below		Name	Gary J. Edwards	Reg. No.	41,008	Attorneys for Applicant	Skjerven Morrill MacPherson LLP			Address	25 Metro Drive, Suite 700			City	San Jose	State	CA	Country:	United States	Zip Code	95110	Telephone	(408) 453-9200	Fax	(408) 453-7979
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19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
35	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	15	X	\$9	=	\$ 135.00
10	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	7	X	\$42	=	\$ 294.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))					+	\$280.00	=
							BASIC FEE (37 CFR 1.16(a))	= \$ 370.00
							Total of above Calculations	= \$ 799.00
							Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28)	=
							TOTAL	= \$ 799.00

20. **FEES:** The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No.:

- a. ☐ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
- b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
- c. ☐ Fees required under 37 CFR 1.18. (Patent Issue Fees)

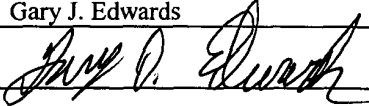
21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> New correspondence address below	
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Skjerven Morrill MacPherson LLP 25 Metro Drive, Suite 700 San Jose, CA 95110 Tel. (408) 453-9200 Fax. (408) 453-7979	
Date:	December 18, 2001
Name	Gary J. Edwards Reg. No. 41,008
Signature	
Express Mail Label No.	EL 884 815 888 US